



**Patient Instructions:** Present this card to your pharmacist each time you fill your CLOMID<sup>®</sup> prescription to reduce your out of pocket costs. Eligible commercially insured patients with product coverage will pay as little as \$70 per pack and will receive up to the program maximum benefit. Uncovered and cash-paying patients will pay as little as \$135 per pack and will receive up to the program maximum benefit. Any additional costs are the patient's responsibility. By using this card, you acknowledge that you meet the eligibility criteria and will comply with the program terms and conditions.

**Pharmacist Instructions for the Patient with an Authorized Third Party:** Submit the claim to the Primary Third Party Payer first, then submit the balance due to **Capital Rx** as a Secondary Payer as a copay only billing using a Valid Other Coverage Code (eg. 8, 3). Commercially insured patients with product coverage will pay \$70 per pack and receive up to the program maximum benefit. Commercially insured patients without product coverage will pay \$135 per pack and will receive up to the program maximum benefit. Any additional costs are the patient's responsibility. Reimbursement including a handling fee will be received from **Capital Rx**.

**Pharmacist Instructions for Patients Paying Cash:** Submit this claim to **Capital Rx**. A valid other coverage code is required (eg. 0, 1). The patient will pay \$135 per pack and receive up to the program maximum benefit. Any additional costs are the patient's responsibility. Reimbursement including a handling fee will be received from **Capital Rx**.

**To the Pharmacist ONLY:** For any questions regarding **Capital Rx** online processing, please call 1-844-306-9173.

**Program Terms and Conditions:** By redeeming this card, you agree not to seek reimbursement for all or any part of the benefit received through this offer. This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. This card is good for use only with a prescription for CLOMID<sup>®</sup> at the time the prescription is filled and dispensed. Offer good only in the USA at participating retail or mail-order pharmacies in the United States or Puerto Rico. Cosette Pharmaceuticals reserves the right to rescind, revoke, or amend this offer without notice. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. Participating patients and pharmacists understand and agree to comply with the terms and conditions of this offer as set forth above.